MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26002

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2801, Sidney St. St. 7189 Ward)

File No. .....

Registered No. .....

2. FULL NAME Francis Wansong

(a) Residence. No. ..... St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Singel

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 – 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	7	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Own Store

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Francis Wansong

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lorain
(STATE OR COUNTRY) France

12. MAIDEN NAME OF MOTHER Catharine Boeninger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Elvas
(STATE OR COUNTRY) Lorain

14. INFORMANT Fred Wansong
(Address) 2801 A Sidney St

15. FILED JUL 3 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7. 1929

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1929, to July 7, 1929, that I last saw [illegible] alive on July 7, 1929 and that death occurred, on the date stated above, at 10 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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Enteritis

1208

(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward Wenger, M.D.

7 8, 1929 (Address) 2002 S. Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter Paul County

DATE OF BURIAL July 10 1929

20. UNDERTAKER [illegible] 2530 Gravois Ave

ADDRESS

N. B.—Every item of information should be carefully supplied. AGB should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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